

## **Easy Ride Enrollment Form**

Date Card Received from MTA:

130 Nestor Street • Nashville, TN 37210 Phone: (615) 862-5950 • www.nashvillemta.org

Check One: □ New Enrollment □ Information Change □ Replacement Card \* **Employee Information** Name: \_\_\_\_\_ Employee Number: \_\_\_\_ City: \_\_\_\_\_\_ ST: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_ Ext. \_\_\_\_ Department: \_\_\_\_\_ Division: \_\_\_\_\_ Acknowledgment \_\_\_\_\_, an employee of the Metropolitan Government of Nashville and Davidson County have read and understand the benefits and privileges of the MTA Employee Transit Card Program and agree to abide by all rules. I will be using the benefit for my regular daily commute from home to work and return and any work related trips. I will not give, barter, exchange, convey, or otherwise transfer benefit to any other person. I understand that the privileges provided are for the benefit of Metro employees only and may be revoked at any time by misuse, abuse or cancellation of the program. I also understand that there will be a monthly audit of all rides made by me and if asked, will explain and justify any use of the card if requested. If it is determined that I made un-authorized rides, I may be required to reimburse Metro Government at the current contract price for those rides. Should I terminate my employment with Metro for any reason, I will relinquish my card upon departure to my supervisor. Employee Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Once completed please submit this form to your **Department HR Coordinator** to process. \* = Replacement ID Cards are \$10 each. Checks are to be made payable to the Metropolitan Transit Authority with the memo listed as "Replacement Card Fee". HR Coordinators are to forward your check and form via Metro mail to MTA attn: Ed Oliphant. Confirmation: For HR Coordinator Use Only (Upon transfer of MTA Smart card to employee signature is required) HR Coordinator (Please Print Name): \_\_\_\_\_\_ HR Coordinator Signature: \_\_\_\_\_ Employee Signature: Department: